

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001980

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED JAN 2 - 1962

1. PLACE OF DEATH

a. COUNTY JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN KANSAS CITYLength of stay in 1b
20 yearsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION V A HOSPITALInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI

b. COUNTY JACKSON

c. CITY
OR TOWN KANSAS CITYInside Limits
Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

Reside on Farm
Yes ☐ No ☒

3420 EAST 9TH STREET

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

DELBERT

DONALD

ROBERTSON

4. DATE
OF DEATH

Month

Day

Year

January 9, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☒

8. DATE OF BIRTH

2-24-18

9. AGE (last birthday)

43

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Shipping Clerk

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Humansville, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

William Robertson

13b. MOTHER'S MAIDEN NAME

Iela Akers

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
Yes WWII & Korean

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

VA Hospital Official Records, K.C. Mo

18. CAUSE OF DEATH (Enter only one cause per line if
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART II. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21a. attended the deceased from 1-8-62 to 1-9-62

Death occurred at

4:45

a

m

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. REMOVAL
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORIUM

23d. LOCATION (City, town, or county)

(State)

JAN. 12, 1962

HUMANSVILLE CEMETERY

HUMANSVILLE

MISSOURI

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

D. W. NEWCOMER'S SONS KANSAS CITY MO

1-11-62

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harold O. Rich

Licensed Embalmer No. 4998

P. O. Address R.C. Mc

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.